FEC

STATEMENT OF

FORM 1	ORGANIZ	ZATION		
. •	(See instruct	tions)		Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
GlaxoSmithKli	ne LLC Political Action Comm	ittee (GSK PAC)		
ADDRESS (number and s	Five Moore Drive F	P.O. Box 13358		
(Check if address				
is changed)	Res. Triangle Park		NC L	27709 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	cfs@pass1.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address				
is changed)				
2. DATE 0.4	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00199703		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my k	nowledge and belief it is true, correc	ct and complete	
Torra on Direct Name of C	Traggurer David Miller			
Type or Print Name of	reasurer			
Signature of Treasurer	Electronically Filed by David M	iller	Date 0 4	08 / 2010
NOTE: Submission of fall	se, erroneous, or incomplete information n	nay subject the person signing this	Statement to the penalti	es of 2 U.S.C. §437g.
	ANY CHANGE IN INFORM	IATION SHOULD BE REPORTE	ED WITHIN 10 DAYS	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)